

BOARDING HOME RESIDENT INTERVIEW

BOARDING HOME NAME:		LICENSE NUMBER:	
INSPECTION DATE:		LICENSOR NAME:	
Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Monitoring <input type="checkbox"/> Complaint: # ____			
RESIDENT NAME:		ROOM NUMBER:	PAY STATUS: <input type="checkbox"/> Private <input type="checkbox"/> State
Brief Review of Negotiated Service Agreement:			
OBSERVATIONS:			
<ul style="list-style-type: none"> Resident: Resident Room/Environment: <div style="text-align: right; margin-top: 20px;">Water temperature:</div>			
RESIDENT SERVICES:			
<ul style="list-style-type: none"> Key needs and services met: Health care services: Generic personal care items provided if state contract: 			
RESIDENT RIGHTS/QUALITY OF LIFE:			
<ul style="list-style-type: none"> Personal Choice/Preferences: Dignity/Privacy: Sense of well-being/safety: Response to concerns: Activities: 			
MEALS/FOOD SERVICES:			
MEDICATION SERVICES:			
ADDITIONAL NOTES:			

Leave a contact number for the resident to be able to contact you/RCS staff in the future.